

HEALTHY MINDS
A WEEKLY COLUMN ALL ABOUT MENTAL WELLNESS
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Insomnia



Almost everyone experiences a sleepless night, or at least one where they toss and turn, experience a constant flow of images and thoughts through their mind, and by daybreak they are worn out and reluctantly have to spend a weary day, if they must get up. This symptom is called insomnia, which when persistent is a sleeping disorder. The U.S. Department of Health and Human Services states that in 2007 about 64 million Americans (about one in five) suffer from regular bouts of insomnia. It is also disproportionate for women who are 1.4 times more likely to be insomniacs. As stress from economic instability increases, so will insomnia.

There are three kinds of insomnia called transient, acute and chronic.

Transient insomnia may last for days to weeks and may be caused by changes in sleep environment, stress or depression; its symptoms are similar to sleep deprivation (sleepiness or poor coordination and performance).

Acute insomnia lasts from 3 weeks to 6 months.

Acute insomnia may last for years at a time may be a disorder in itself or caused by another disorder; its symptoms include sleepiness, double vision, hallucinations, muscle fatigue, or seeing the world in slow motion.

Insomnia has different patterns which are often related to the cause of the insomnia. For example, difficulty falling asleep at bedtime – known as **ONSET INSOMNIA** – may be caused by anxiety disorders. **MIDDLE INSOMNIA** is characterized by waking up in the middle of the night or just unable to sleep well, and is often associated with pain or other medical conditions. **TERMINAL (or LATE) INSOMNIA** is characterized by waking up very early in the morning, and is often associated with clinical depression. **MIDDLE-OF-THE-NIGHT INSOMNIA** (also called **NOCTURNAL AWAKENINGS**) is a term often used to characterize both middle and terminal insomnia.

Insomnia can be caused by many factors. Chief among them are: the use of **STIMULANTS** or **PSYCHOACTIVE DRUGS** such as cocaine, ephedrine, amphetamines (like meth), MDMA, or even caffeine from coffee, tea, or chocolate, or other herbs and medications; changes to your **INTERNAL CLOCK** (circadian rhythms) from change in shift or jet lag; problems in daily living from anxiety, stress, fear, problems at work, financial problems, sexual dissatisfaction, or other **EMOTIONAL** or **MENTAL TENSIONS**; **HORMONAL CHANGES IN WOMEN**, especially the hormone estrogen, due to PMS, menopause, and post-partum depression; **NOISY ENVIRONMENT**; certain **NEUROLOGICAL DISORDERS**; **OTHER MEDICAL CONDITIONS** such as

hyperthyroidism or Wilson's syndrome, or just general pain; PARASITES causing intestinal disturbances while sleeping; REBOUND INSOMNIA caused by the use of too much over-the-counter sleep medications; SLEEP DISORDERS such as violent nightmares or sleepwalking or physically moving along with dreams, and; certain MENTAL DISORDERS, particularly clinical depression, bi-polar disorder, post-traumatic stress syndrome, schizophrenia, general anxiety disorder, or obsessive compulsive disorder, or UNRESOLVED GRIEF, which is similar to clinical depression in its effect on the mind and body. Many of these factors can make your mind work overtime, thinking, planning, imagining, and so forth; some people have a very active mind as well and find it hard to stop thinking and fall asleep.

It is NOT TRUE that we need less sleep as we get older. It is, however, more difficult for an older person to sleep for long periods. One solution is to take a nap at some other time to make up for the lost sleep.

Though not exactly the same as insomnia, POOR SLEEP QUALITY is a closely associated condition caused when the individual fails to reach the stage 4 or delta sleep level; at this point we experience the kind of sleep that restores our batteries, so to speak. Sometimes it is caused by clinical depression; other times by a condition called sleep apnea where the person's breathing is interrupted during sleep; as a result they are often very tired during the day. Another cause of poor sleep quality is the need for excessive urination during the night, which may be controlled by changing your pre-bedtime habits.

If you have insomnia, what is the best course for you to follow? The "cure" might be simply to improve your sleep hygiene, which means curtailing your use of stimulants (including caffeine) before bedtime, avoiding upsetting activities before bedtime, make sure your bed is not frequently used for other non-bedroom activities, such as a place to eat or do your homework or excessive reading in it, and make sure that your bed is comfortable, clean, and your surrounding temperature is comfortable and the area is quiet enough for you.

Next you want to rule out medical and psychological causes of your insomnia. Consult your physician who may refer you to a sleep medicine specialist for further testing. Avoid over-the-counter medications as they may ultimately worsen your condition. Even doctor-prescribed medications may give some short-term relief but worsen the condition in the long-run and have other negative side-effects, as well as tolerance to these drugs, and dependence, as well as withdrawal effects when ultimately trying to quit these meds.

The first line of help, and best in the long run, are often non-drug approaches to insomnia, including (besides attention to sleep hygiene and doing away with stimulants) COGNITIVE BEHAVIORAL THERAPY where we are taught to improve our sleep habits and change our thoughts in a way that helps us sleep better; studies have shown that this therapy is more effective than hypnotic medications, and do not have long term negative effects; furthermore, after the treatment is completed the treatment continues to be effective.

Taking drugs, whether prescription or illicit or over-the-counter or alcohol can be a dangerous path to physical or psychological dependence, to unfortunate side-effects, and may in the long run cause even more severe insomnia, interfere with your memory or other cognitive abilities, and leave you feeling drowsy in the morning.

There are also non-traditional techniques that may be effective, and I will mention them here but make no claims to their effectiveness, although there are many cultures and individuals that use and support these techniques or substances: melatonin (a hormone often sold as a supplement), herbs, such as valerian, chamomile, hops, lavender, passion-flower, and cannabis (caution). There are also anecdotal reports of taking cider vinegar and honey, a glass of warm milk, vigorous exercise, a light meal, or a warm bath before retiring to induce a good night's sleep. Some turn the lights low an hour or two before retiring, and avoid mentally stimulating activity; others use aromatherapy or essential oils, or listen to slow relaxing music or peaceful sounds of nature.

If you are having problems sleeping or staying asleep, try to make some changes and avoid substances that may be harmful to you. If your physician recommends a certain medication, ask about side effects and alternatives. It's getting late here and I'm feeling drowsy after a good day of physical and mental work. Good night!

TIP OF THE WEEK: According to a long term study in the United Kingdom, patients with Alzheimer's disease who take antipsychotic medications such as risperidone (Risperdal) are 42% more likely TO DIE over a one-year period than patients who were given a placebo (a look-alike dose that patients thought was real but was actually entirely harmless). The study group recommended that, except in cases of severe aggression by the patient, that the safer management approach would be some kind of psychotherapy, or other drugs (memantine [Namenda] to reduce symptoms, or certain antidepressants, particularly citalopram [Celexa]). (Source: The Lancet Neurology, 2009).